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Express Mail No.:	Attorney Docket No.	66743-7430	First Inventor: Khouri
AMENDMENT TRANSMITTAL LETTER Title: METHOD AND APPARATUS FOR SOFT TISSUE ENHANCEMENT		Serial No.	09/818,812
		Filing Date	March 27, 2001
		Examiner	Lacyk, John P.
		Group Art Unit	3736



TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

☒ Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED – PART II						SMALL ENTITY		OTHER THAN SMALL ENTITY	
		(Column 1)		(Column 2)	(Column 3)				
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*22	Minus	**22	=0	x \$_____ =	0.00	x \$_____ =	0.00
	Independent (37 CFR 1.16(b))	*5	Minus	***5	=0	x \$_____ =	0.00	x \$_____ =	0.00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x \$_____ =		+ \$_____ =	
						TOTAL ADDIT. FEE	0.00	TOTAL ADDIT. FEE	0.00
<p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>									

☐ It is believed that no extension of time is needed with this filing. However, if this is incorrect, please consider this to be a conditional petition therefor and debit account 20-0823 in an amount of the fee due for such an extension.

☒ No additional fee is required for amendment.

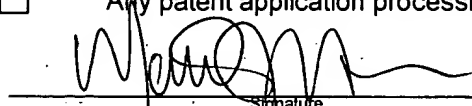
☐ A Substitute page of the Specification and Abstract

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. 20-0823.

☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-0823.
I have enclosed a duplicate copy of this sheet.

☐ Any additional filing fees required under 37 C.F.R. 1.16.

☐ Any patent application processing fees under 37 C.F.R. 1.17.


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